



An Eye to the Future

Colleagues,

Just as we are completing the pilot evaluation report on the Southern Eyecare Assessment and Referral Service (SPEARS), I thought you may be interested in some of the headlines.

With its genesis in “Developing Eyecare Partnerships” and primed by a visionary Southern Local Commissioning Group (LCG), SPEARS is intended to help manage non-sight-threatening acute eye presentations, and also to improve referral pathways for those acute conditions requiring specialist care.

Delivered in the Armagh/Dungannon area, sixteen optometrists in twelve GOS practices took up the challenge of enhanced training and accreditation, and making themselves available to manage acute ophthalmic presentations. In the year September 14 to August 15, 962 patients have accessed the service.

“How will we know if it works?”

The evaluation is based on four strands, with quality and patient safety woven throughout: access, clinical outcomes, patient experience and cost-effectiveness.

Early headlines are excellent for access (100%), patient experience (87%) “very satisfied” and clinical outcomes (96.8% agreement benchmarked against consultant ophthalmologist observation). Subject to negotiation, the scheme should also represent an investment to save.

I look forward to sharing full findings with you, and planning next steps. Acknowledgements are numerous, but must include Miss Fiona North, Miss Dimple Patel, Southern LCG, ONI and of course, your dedicated colleagues who have delivered the service.

Mr. Raymond Curran, Head of Ophthalmic Services, HSCB

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Optometry Practice Annual Quality Assurance Returns 2015/16

In early April 2016 all practices will receive the annual GOS Quality Assurance returns documentation.



All Optometry practices will be asked to return declarations in relation to:

- * Complaints
- * Adverse Incidents
- * Receipt and Dissemination of all MOS and Ophthalmic Guidance
- * Business Continuity Planning (BCP)



For primary care health professions quality assurance of the aspects of care provision is a vital part of good governance. The Health and Social Care Board thanks practices for their ongoing engagement and participation in this essential governance work.

Please submit your annual QA return with the signed declarations by the requested date

The use of the NHS logo



We have received a number of queries regarding the use of the NHS logo in optometry practices and have sought advice from the Department of Health and Social Services and Public Safety. They have confirmed that the NHS logo is a registered trademark owned by the Department of Health relating to health services in England and therefore must not be used in Scotland, Wales or Northern Ireland.



The NHS is not applicable in Northern Ireland and practitioners in Northern Ireland that are using the NHS logo are doing so without the permission of the Department of Health in England and are risking legal action being taken against them.

The advice is therefore, **do not use the NHS logo**. We do still hope to obtain further advice for you in relation to using the HSC logo and will advise you of any updates on this matter.

Developments in electronic communication for Primary Care

As noted in [earlier issues](#) of the HSCB Practice Newsletter (February 2015), the HSCB are progressing work to establish improved electronic communications for optometry services. The eHealth strategy for health and social care in Northern Ireland has many strands of work but for optometry services the current priorities are:

1. Access to HSCNI email accounts for optometry practices
2. Access to eReferral for optometrists

Email for optometry practices

Practices have been contacted over the past few weeks advising of the intention to offer HSCNI email accounts. Practices are encouraged to take up the offer of HSCN email accounts as it will enable the HSCB (and BSO) to communicate quickly and efficiently with all GOS contractors. The use of HSCNI email will enable secure two-way communication which is particularly important as HSCB continue to progress work in relation to service developments for optometry.



Electronic ophthalmic referrals - eReferral

HSCB have recently contacted all Optometry practices seeking important information on the optometric clinical staff working in each practice. In order for all optometrists providing eyecare services to gain access to electronic referrals the HSCB need to know 'who is working where'.



The information is required in order to establish individual optometrist 'log-ins' for electronic referrals. Electronic referral has many benefits including secure and immediate transfer of a referral to secondary care and a robust audit trail identifying when a referral was received and the subsequent path a referral followed.

The work to establish eReferral is complex with many work strands including: the development of referral templates, the creation of referral options for ophthalmology and certain sub-specialities, the development of an Optometry CCG training guide and plans for training sessions for optometrists.

Thank you to those practices who have provided the necessary information to facilitate eReferral by optometrists in your practice.



General Ophthalmic Services – new MOS Guidance and Information

MOS/301 – Frame Supplements (October 2015)

This [MOS](#) provides information on Small Frame Supplements and Supplements for Special Facial characteristics



MOS/302 – General Ophthalmic Services- Claims Management (December 2015)

This [MOS](#) provides clarification on specific claims issues (Time frames for managing claim forms with queries; Non-collections and Eligibility for spare pairs)

MOS/303 – Second Opinions (December 2015)

This [MOS](#) provides clarification on GOS and re-tests for the purpose of a second opinion.

Paediatric Ophthalmology guidance – information on paediatric ophthalmological conditions

This [guidance document](#) was issued in December; please refer to it in consideration of paediatric eye conditions

Referral Pathway – Information from HSCB on amendment to referral protocol poster

This [letter](#) provides information on the updated [referral pathway protocol](#) in respect of the Integrated Care Clinic at Beech Hall, Greater Belfast area.



***** ALL OF THE ABOVE ARE HOSTED ON THE [BSO WEBSITE](#). PLEASE ENSURE THAT THAT YOU READ, ACTION AND DISSEMINATE THE INFORMATION IN THESE MOS/GUIDANCE TO ALL MEMBERS OF STAFF WHO WORK IN YOUR PRACTICE *****

OPTOMETRIC CET EVENT

The details for this springs full training day have now been confirmed and I would encourage you to put this date in your diary now.

DATE: TUESDAY, 26 APRIL 2016

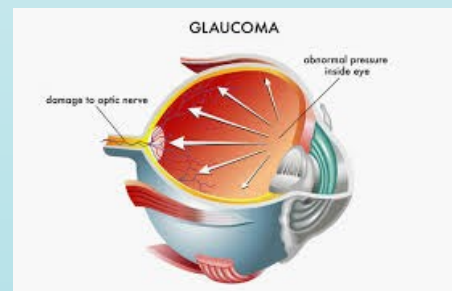
LOCATION: GREENMOUNT, ANTRIM



We all know how important it is to keep our skills and knowledge up to date. The Health Board in conjunction with the BSO plan and deliver its Optometric training program with local practitioners and their needs in mind. It is important to ensure information is applicable here in Northern Ireland, as schemes and protocols for practice are now so varied around the UK. It is also a great opportunity to catch up with other colleagues and talk face to face with the Optometry team from the Health Board. It is a good way even to find out what is happening in optometry in the different regions in Northern Ireland from those involved in the local schemes.



The program should deliver IP points along with general points. It will have a focus on glaucoma management, which is a progressively changing picture here in NI, and in anticipation of new local guidance on diplopia we are also going to cover diplopia management and other neuro ophthalmology conditions.



Guidance for the new CET cycle can be found at:

https://www.optical.org/en/news_publications/news_item.cfm/goc-launches-cet-guidance-booklet?platform=hootsuite



Watch out for the full program from Karen Lee. It will be with you shortly. The normal procedure for booking will apply via Karen Lee at BSO.

We look forward to seeing you there.

CONSUMER ADVICE ON REPAIRS AND REFUNDS

The Consumer Rights Act 2015 came into force on 1st October 2015. This law applies to goods and services purchased from this date. The Sale of Goods Act still applies to goods purchased before Oct 1st 2015.



Consumer Rights Act
2015

Under the Consumer Rights Act a person's rights are against the seller of the goods – not the manufacturer and the details are more clearly defined in the new act as opposed to The Sale of Goods Act.

The new law sets out clearer remedies and timeframes for claiming refunds or the repair or replacement of faulty goods.



Within 30 days of purchase a consumer is entitled to a full refund on faulty goods. If it is over 30 days the consumer must give the seller the opportunity to repair or replace the faulty item. It is the consumer's choice whether they want the faulty goods repaired or replaced. However the seller can refuse the consumer's choice if they can show it is impossible to do, or excessively more expensive than the alternative. The repair or replacement however must be carried out within a reasonable period of time and without causing significant inconvenience to the customer. Also it is the sellers' responsibility to bear any necessary costs such as postage and packaging, not the consumers.

A consumer only has to accept one attempt at repair or replacement. If the repair or replacement is unsuccessful, impossible, or another fault occurs a consumer is entitled to claim their money back. What they claim depends on how much time has passed since they made the original purchase.



If a faulty item cannot be repaired or replaced, a consumer can claim a full refund within the first six months of its purchase. If the repair or replacement does not work after 6 months and up to the time that the product would reasonably be expected to last, the consumer is entitled to claim a partial refund or a price reduction if they want to keep the item.



However, there is nothing to stop you offering a further attempt to fix the problem, but the consumer does not have to accept this. If they don't want a refund or replacement they are also entitled to ask you to make another attempt to repair or replace the faulty product.

It is advisable to always carefully explain the options and keep customers informed. Where goods are shown to be faulty within 6 months of delivery, the Act assumes the fault to have been present on the day of supply and it is for the seller to prove otherwise. After a 6 month period, this presumption does not apply and the burden of proving that the fault existed at the time of delivery rests with the consumer.



The Act also recognises that what constitutes a reasonable standard of quality relates to the nature of the goods and what purpose they serve. This may be a matter of debate in individual circumstances. Obviously a plastic knife and fork would be expected to last less time and be of lesser quality than silver cutlery, but both at the time of supply should be fit for their specific purpose.

In terms of optometry the general assumption is that glasses should last 2 years, providing that reasonable care and attention are taken of the product, and they should be of an acceptable quality when given to the patient.



Lee Opticians—Eye Care Zambia

Most people would agree that things happen for a reason, and it was through a chance meeting with an enthusiastic Dublin based optometrist Valerie, that we became involved with Eye Care Zambia.

Our journey to Zambia began a long time before we stepped onto the plane. We hosted various fund raising events, organised equipment and sterilised, scanned, labelled and packed 100s of donated glasses and frames.



The team was composed of 4 screeners, 2 dispensing opticians and 3 optometrists, all with different skill groups, but all with a special interest in children's vision.

Having negotiated our way through various security points, carrying different suspicious looking items of valuable optical equipment, we arrived safely in Lusaka the capital.

For our time in Zambia we were based one hour south of Lusaka, at a community school and orphanage. As we travelled from the airport, it wasn't until the tarmac ran out that reality hit.



Most of the children who attend the school are from an area called the Linda Compound, an extremely poor area comprising of make shift shelters and mud huts. Visiting the compound was a heart breaking experience, witnessing the cold reality of true poverty.

For the children of the Linda Compound there is little hope that they could ever afford or gain access to eye care, and it was for these children we had travelled thousands of miles.

A typical day began at 6am, with little or no electricity or water, there was no caffeine kick start and a cold shower was the order of the day.

Each day we saw ~100 children, all of whom were screened, performing a number of previously agreed screening tests and pass/fail criteria applied. Those who failed the screening were



referred to one of the three optometrists and a full eye examination was conducted.

Thanks to £10,000s worth of equipment that had been kindly lent to us from various optical companies, the eye examination performed was to the same standard as that performed within our own practices.

Those children who needed glasses were referred to one of the dispensing opticians, to choose the best glasses for each child, matching the prescription from the selection of glasses we had brought with us.



For those whose prescription could not be matched, a frame was selected and taken back to be glazed in our lab, before returning to Zambia.

Thankfully we had established a relationship with an ophthalmologist in Lusaka, so that any children who needed to be referred for further investigation or treatment could be seen, and the costs were covered.

Most of the children we saw were HIV positive, however most were unaware of their condition. During our time we saw a lot of children who had suffered eye injuries due to trauma and burns from open fires.

In total we saw ~600 children, 200 of whom needed and were dispensed glasses.

This is the first and only eye examination these children may ever have and there are thousands more like them.

Plans are already in place for the future. Thanks to an extremely generous donation from a patient, we are exploring the possibility of equipping an examination room based in the Linda compound.

Our trip to Zambia was an amazing experience, it was hard work and challenging, but we had lots of fun and laughter. We met warm, kind people who appreciated everything we did to help them.



We would like to thank everyone for their kind donations and support before and during our time away and we would encourage anyone who has the opportunity to serve on an Eye Care team to GO!

Brian McKibben

A note from....The Northern Ireland Optometric Society

The Northern Ireland Optometric Society is a society committed to representing and protecting the profession, supporting the work of its members, and equipping them for the opportunities ahead.

It is a prominent provider of Continuing Education & Training in NI and membership is open to all optometrists and dispensing opticians practising in NI. We welcome new members either through the levy scheme, yearly subscription, or honorary membership. (Full details can be found on our website www.nios.ork.uk)



The NIOS are one of the CET providers in Northern Ireland and we aim to cover all the GOC competencies; through evening lectures, practical workshops, an annual conference, CET days and peer discussion.

Our website has a large subscriber's network and is a valuable information resource for members. It has news updates, events calendar, buy and sell pages, careers & vacancies listings and regularly updated Locum Lists.

We work closely with Optometry NI to protect the interests of the optical profession in NI, with crossed representation on our committees and shared quarterly meetings.

The NIOS is served by a dedicated and hard working committee who voluntarily give up a significant amount of their free time to serve the profession. We are pleased to invite new members to come along and consider getting involved too.



OPHTHALMIC COMMITTEE

This committee's role is to represent views of the Ophthalmic and Optical professions, including optometrists, dispensing opticians and ophthalmic medical practitioners, in regard to General Ophthalmic Service (GOS) provision. It is a link between the Profession and the Business Services



Organisation (BSO)/Health and Social Care Board(HSCB), offering advice and guidance on service planning and delivery. Advice is sought and can be given by the professions' representatives in relation to GOS from their own professional perspective, and from the practicality of patients who benefit from using the service.

The committee can challenge the BSO/HSCB on the provision of ophthalmic care services and advise accordingly but only in an advisory capacity.

Martin Holley is the current Chairman and the optometric profession are represented by members from the various Local Commissioning Group areas in Northern Ireland, Optometry NI, Multiples and an OMP. Attendees from the HSCB/BSO are Raymond Curran, Head of Ophthalmic Services, HSCB, on occasion an Optometric Advisor HSCB, and senior representatives from BSO FPS. When communication is required from HSCB/BSO to the profession, various matters are brought to the attention of the committee before new MOS etc. are delivered. Current topics under discussion include Ophthalmic Claims System, Developing Eyecare Partnerships, electronic referrals, referral refinement of IOP's and future CET.

The individuals representing the optical profession are Helen McGloin, Michael Thompson, Roisin McGuinness, Faith Mills, Kevin Finan, William Stockdale, Stephen McCrory, Dr Michael Quinn.

Should any Optometrist wish to have their opinion on GOS provision or any matter of concern/improvement of provision/delivery of services, they should contact one of the representatives for input into the Ophthalmic Committee meetings.

A Glance at the Future.....?

Project ECHO

In the previous issue of your quarterly newsletter we brought you news of an exciting innovation aimed at building a community of practice, allowing primary care generalists to gain additional knowledge, skill and confidence in the diagnosis and management of medical conditions traditionally managed in specialist centres. This innovation is **Project ECHO**, and, in a world first for ophthalmic care, the “demonopolisation” of medical care is being piloted in Northern Ireland.

Having developed a shared curriculum, ECHO sessions have been running since 20 November, with twenty-one primary care optometrists, throughout Northern Ireland, linking in, via Zoom video technology, for up to two hours with secondary care colleagues (ophthalmologists and researchers, clinical scientists and ECLOs) located in a hub facilitated by Northern Ireland Hospice (NIH). This has developed into a very strong community of practice, sharing knowledge and expertise (both ways and every way) in the fields of glaucoma and macular disease. As the pilot nears its culmination, sincere thanks are due to both hub and spoke participants and also to NIH for wonderful hosting, advice and facilitation.

The project will be evaluated critically and academically to test a number of hypotheses, not least...***does it work?***

As we await the evaluation, the possibilities give a tantalising vision of how elements of care might be delivered in the future. In ophthalmic terms, this could mean starting to shift some of the routine monitoring of the many regional annual review glaucoma/OHT and wAMD review appointments into a community-based setting. With secure HSC email and eReferral via Clinical Communications Gateway (CCG) coming on stream for primary care optometry in 16/17, with stratified access to NIECR involving all stakeholders in the care pathway, and with case discussion and community of practice being afforded by ECHO, the stars are aligning to truly allow safe and effective management of ophthalmic long-term conditions closer to home. Transforming Your Care (TYC).

